

**Debt Management Company
License Renewal Application****For Year July 1, 2007 through June 30, 2008******Time Sensitive****

We require a current (May 1, 2007 or after) **“Certificate of Good Standing” from the Arizona Corporation Commission** with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ www.cc.state.az.us to find out how to get this certificate online. Pull up your company name on their website and click on the “Check Corporate Status”. Follow their instructions for downloading the Certificate.

In accordance with A.R.S. Section 6-707, the renewal application and corporate financial statement must be completed and submitted to the Department on or before June 15, 2007. **The financial statement must contain information relating to the licensee’s financial condition at close of business on March 31, 2007.**

Please retain a copy of the completed forms for your file. The Department does not offer photocopy services.

The license renewal fee of \$500.00 for the principal office and \$200.00 for each branch location must accompany the renewal application.

If the licensee’s name and/or address have changed, complete the Address and/or Name Change Application and submit these changes with your renewal. This form is located at http://www.azdfi.gov/Licensing/Forms/Non-Mortgage_Add_Name_Chg_Application.pdf

Submit the completed renewal applications with the above required items all together to the Department on or before June 15, 2007. The Department cannot accept renewal applications after June 15, 2007, no exceptions. License renewal applications not received by June 15, 2007 will be closed for non-renewal.

Make payable to: Arizona Department of Financial Institutions or AZDFI

**Mail to: Arizona Department of Financial Institutions
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018**



Debt Management Company

License Renewal Application

For Year July 1, 2007 through June 30, 2008

Type or Print All Information

Do Not Leave Blanks – If Not Applicable Use None or N/A

Make Additional Copies Of Any Page Or Attach A Separate Sheet If Addition Space Is Necessary

1. Primary Address:

License Number: DM	Name:		
DBA Name: (If applicable)			
Address:		City:	State: Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:	

2. Mailing Address if different from the above licensed primary address:

Physical Address:		E-Mail Address:	
City:	State:	Zip Code:	Telephone Number: FAX Number:

3. Corporate HQ Address if different from the above licensed primary address:

Company Name:			
Address:			
City:		State:	Zip Code:
Telephone Number:		FAX Number:	

4. Name and address of statutory agent:

Name:		Telephone Number:	
Address:		City:	State: Zip Code:

5. Name and address of audit firm you use, if any:

Name		Telephone Number:	
Address:		City:	State: Zip Code:

6. Ownership (if applicable) MUST EQUAL 100%:

Name	Title	% Owner
Ownership Must total 100%		%

7. List all branch offices. (Use separate sheet, if necessary.) Do not count the location listed above in the box as a branch:

a. Address:	License #: DMBR-	
City:	State: Zip Code:	Telephone Number:
b. Address	License #: DMBR-	
City:	State: Zip Code:	Telephone Number:



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8. If you answer "NO" to either of these questions you must attach a written explanation for why.

a. Have all debtor payments remained in the trust account until disbursed by the licensee in accordance with the terms of the contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has the licensee at all times maintained the minimum liquid assets of at least two thousand five hundred dollars in excess of your business liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Total amount disbursed to creditors on behalf of Arizona debtor's for the period of 7/1/06 through 5/31/07. *\$ _____

BOND: The surety bond requirements range from \$5,000 to \$25,000, **BASED ON THE TOTAL *AMOUNT ENTERED ABOVE.**

<u>Yearly Disbursements</u>	<u>Amount of Bond</u>
\$0 \$ 99,999	\$ 5,000
\$100,000 -- \$ 250,000	\$10,000
\$250,001 -- \$ 500,000	\$15,000
\$500,001 -- \$1,000,000	\$20,000
More than - \$1,000,000	\$25,000

10. Based on the foregoing does the surety bond amount comply with A.R.S. Section 6-704 (B)? Yes ☐ No ☐ **If no**, you must attach an original bond rider increasing your coverage, if your current coverage is insufficient.

11. State the name and business information of each of the top five (5) officers and directors or partners, if a partnership: If any of the top (5) persons **have changed** complete a personal history form & fingerprint card and attach a **separate check** for \$29 per card per person. All forms are available on our web site from within your application type.

a. Name:	Title:	Years in Business:
b. Name:	Title:	Years in Business:
c. Name:	Title:	Years in Business:
d. Name:	Title:	Years in Business:
e. Name:	Title:	Years in Business:

12. **Since the license was issued** (07/01/06 to 06/30/07) or since the last renewal (6/30/06) has the licensee or any owner, officer, director or partner thereof; **If you answer "Yes" to any of these questions you must attach the appropriate paperwork (description & final disposition)**

a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been sued in a civil action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had a final judgment issued against him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had an order entered against him/her been indicted, been informed against or found guilty by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. List all occupational or professional licenses the licensee or any officer, member, partner, director, or owner holds or has held which have been issued by an agency of Any State or The Federal Government.

a. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR
b. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR
c. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR
d.. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR
e.. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR

14. **Read Carefully.** List all occupational or professional licenses the licensee or any owner, officer, member, director, trustee, partner, or managing agent thereof holds or has held which have been **refused**, **denied** or have been **revoked** or **suspended** or had an **Administrative Order/Action** issued against it by an agency of Any State or The Federal Government. Provide complete details and the final disposition if any apply. Write "NONE" below if NOT applicable.

a. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR
Name of Licensing Agency:	Type of Action:	Date of Action: MC/DAY/YEAR	
b. Name on License:	Type of License:	Issue Date: MC/DAY/YEAR	Expiration Date: MC/DAY/YEAR
Name of Licensing Agency:	Type of Action:	Date of Action: MC/DAY/YEAR	



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15. Renewal fee(s) due and payable on or before June 15, 2007.\$ 500.00 For Principal Office

\$ _____ \$200.00 For Each Branch Office Listed In #7.

\$ _____ Total Fees Enclosed

16. Has your company name, dba name or an address for any of your licensed location changed? ☐ Yes ☐ No **If yes,** you must complete the "Non-mortgage Industry Name/Address Change" form, located on our webpage at azdfi.gov click Licensing click Changing Your License. And submit the form and all required items along with this renewal as one package.

17. Have you enclosed a copy of the current "Certificate of Good Standing" from the Arizona Corporation Commission? ☐ Yes ☐ No
If no, **provide the date we can expect it** , or write NA if this does not apply to your entity type _____.

18. License Compliance Officer - to whom inquiries on a deficient renewal application can be directed.

Name:	Title:	E-Mail Address:		
Direct Telephone Number & Extension:		FAX Number:		
Business Address:		City:	State:	Zip Code:

Note: The individual named above will be notified of any additional requests pertaining to the renewal. Therefore, have this person retain a copy for his/her review and reference for when we contacted them.

AFFIDAVIT "MUST" be signed by an OWNER or OFFICER of the company and NOTARIZED

STATE OF _____)
) ss
 COUNTY OF _____)

I (print owner or officer name) _____ being duly sworn, depose and say
 that I have signed the foregoing application as (print your title) _____ of the above named applicant,
 having full authority to sign such application in said capacity; that I have read said application and that the information contained
 therein is true.

(Date)_____
(Owner or Officer Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

(Notary Public Signature)_____
My Commission Expires



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Corporate Financial Statement

Section 2

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License #: DM _____ Name: _____

DBA name (if applicable): _____

Every "TOTAL" line must have a total amount entered. Total Assets and Liabilities MUST EQUAL.

Financial Conditions At Close Of Business On "March 31, 2007"

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	TOTAL LIABILITIES	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe):	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____



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CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold \$ _____

As Guarantor or Endorser for _____ \$ _____

For Merchandise Consigned by Suppliers \$ _____

Otherwise (describe) _____ \$ _____

Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$ _____

To whom? _____

With Recourse? Yes ☐ No ☐

COMMITMENTS:

Approximate Purchase Commitments \$ _____

Approximate Unfilled Orders on Hand \$ _____

Describe any other unusual commitments _____

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

OPERATING RECORD FROM ____/____/____ (DATE) TO ____/____/____ (DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period \$ _____

Cost of Goods Sold \$ _____

Gross Profit \$ _____

Selling Expense \$ _____

Administrative Expense \$ _____

General Expense \$ _____

Total Operating Expense \$ _____

Operating Profit \$ _____

Other Income \$ _____

Total Income \$ _____

Other Deductions \$ _____

Federal & State Income Tax \$ _____

Total Deductions \$ _____

Net Profit \$ _____

Reconciliation of Surplus:

Surplus at beginning of period \$ _____

Net Profit \$ _____

*Surplus Credits \$ _____

Total \$ _____

Dividends Paid \$ _____

*Surplus Debits \$ _____

Surplus as of this statement date \$ _____

*If Surplus Adjustments involve important transactions please give details below: _____

Total Depreciation and Amortization included in above statement \$ _____

Deductions for Bad Accounts included in above statement \$ _____

Salaries to Executive Officers included in above statement \$ _____

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____



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RENTAL: Does company rent? Yes ☐ No ☐
 Present monthly rental paid \$ _____
 Date of expiration of lease ____/____/____

CORPORATE INFORMATION: Under laws of what state are you incorporated? _____
 Are all franchise taxes current? Yes ☐ No ☐
 Are you authorized to do business in Arizona? Yes ☐ No ☐
 Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value \$ _____
 Year last div. paid _____ Annual rate if established \$ _____ No. of authorized pfd. shares _____
 Outstanding _____ Par value \$ _____ Dividend preference \$ _____ Cumulative? _____
 Div. Pd. to _____
 Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance: On Merchandise \$ _____ On Mach'y, Equipt. and Fixtures \$ _____ On Buildings \$ _____	Liability Insurance: Public Liability on Owned Autos \$ _____ Property Damage on Owned Autos \$ _____ P.L. and P.D. on Non-owned Autos \$ _____ Building & Elevator Pub. Liab. \$ _____
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Check all that are applicable to the coverage the corporation carries:

<input type="checkbox"/> Explosion Ins.	<input type="checkbox"/> Steam Boiler	<input type="checkbox"/> Auto Fire, Theft	<input type="checkbox"/> Business Interruption	<input type="checkbox"/> Products Liability
<input type="checkbox"/> Riot and Strike	<input type="checkbox"/> Auto Collision	<input type="checkbox"/> Workmen's Comp	<input type="checkbox"/> Robbery or Burglary	<input type="checkbox"/> Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No
 Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis _____ %
 Is any insurance on a monthly reporting basis? ☐ Yes ☐ No
 Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.



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SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper**Parcel No.**

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____
 Are taxes delinquent on any of your properties? ____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____
 Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. _____

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (BELOW MUST BE COMPLETED)

My telephone number is: _____ and my fax # is: _____

Date: _____ Title: _____ Print Name: _____ Signature: _____